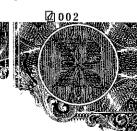
07/11/2006 07:27 FAX

## STATE OF MICHGAN

**EXECUTE** CERTIFICATION OF VITAL RECORD

## COUNTY OF WASHTENAW

STATE OF MICHIGAN



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TYPE/PRINT IN PERMANENT BLACK INK	2006-01648-D		DEPAR	STATE OF MICH TMENT OF COMM RTIFICATE O	ILINITY HEALTH	. 2	STATE FILE NUMBER	<del></del>
T	Hilary Thomas	Scantlebury -		April	3, 1944	Male # 1	Ine 20. 200	06
<b>3</b>	5. NAME AT BIRTH OR OTHER N				62	MONTHS DAV	HOURS	INUTES
<b>3</b> W	78. LOCATION OF DEATH (MANY HOSPITAL OR OTHER INST	place officially produced edge in ITUTION - Name 17 am in villa- NAY	The store and distance and	La Cargo Anno 1 20 September 2016	rvilizee or fown silanti Tov	÷	Washtenav	11.
4	STATE Michigan	Mashtenaw	BC, LOCALITY reneral converse for the converse control of the converse converse for the converse conve	er bur yan deserber ikir ibirilik (Хтомгано "E" сыргол "Ypsilanti	POP ATEN HIART	9 Amberly	Side Api. No. if applicable)	
skirution Skirution	No. ZIP CODE 9. BIN	THPLACE (Cov. obd Suiv. of Cov. ew York, New			таї, зесовиту номві - 34-9301	II. DECEDENT depret of level 8 year	EDUCATION - What is inches completed at the Gr	
EDENT	12. RACE - American Indian: White, te Officer, Phipino, Asian Indian.	illnek, etc. 14 Arian, gris kaitstatlik etc.) (Enter all ihin upstei	134. ANCESTRY . Me I Feer all that uppers	desin, Cuban, Arab, Aldican, Eng I Amerikan Indian 1852, enter pr Dwich	lish, Bunch, Resch, sic. his pul stike	135. HISPANIC ORIGI	14. WAS DECEDENT THE U.S. ARMEI (yet iff mit)	
NAME OF DECEDENT For use by physician or	15. USUAL OCCUPATION Give to during most of working life. Do n		DUSINESS DE INDUSTI	Y MARIET	L STATUS - Martind III. L Widnera, Diverted	Martin 1 11 and 1	SPOUSE III wife, give no	inc before
NAM For B	Teacher 19. FATHER'S NAME IFFOR MIGHE	Commu برابد.	N ty (olleg	21 MOTHER'S NAME F	BEPÜRE FIRST MARRIE	Deborah Er	<u>vay</u>	*
12108 221	Terence Scant	Print)	PRILATIONSHIP TO DECEDENT	Tatiana P	SS (Siere) and Numbers or R			0107
\ \ \	Deborah Scant  22. METHOD OF DISPOSITION Burlal, Cremation, Entombrain Donation, Removed, Storage (Apecula)	234 PLACE OF DISPOSI		enanci arginer (manan)	rly Way, Yr	n. LOCATION - City of	ll'age, State	8197
Distros IIIX	Cremation	Tri - Coulint	S. LICENSO NUMBER	Stark Funera	l Service N	loore Memor	<u>Michigan</u> ial Chapel	
:	27s. CERTIFIER (Check bells only)  Certifying Physician - To due to	140,000 in a start of the start		101 S. Washi Sa Actual Granesum Anne of Death		CED DEAD ON	MI 48197  THE PRONOUN DEAD	ICED
· 全性	negarred at the time, date, and pl	of elemination, undhir investigation ceand due to the ignature and min	uce straightham virtualismanach be	UNKNOWN  19 MEDICAL EXAMINER EONTACTED? (BL # No.)	30. PLACE OF DEAT Varying Home, Hospital	2/15 2006 H (Home, Hospics, Anabylanse) (Sperify)	3:35 F HOSPITAL, Inputient Intergency Room, DOA (1	Q (V) 1. Outpurium Spec(fp)
CIRCLE HOX	Signature and Tale  275, DATE SIGNED (Ma Date )	276 LIGHNSE NU	мвра «	YES 14 MEDICAL EXAMINER NUMBER ((Capplicable) 06-387	L home		SICIAN IF OTHER TH	AN
"	June: 22, 200  34 NAME AND ADDRESS OF C  Bader J. Cas		CONTRACTOR OF STREET		<u>3.</u> 200\$£+38 C	incle Ann	(Inhon MT	<b>481</b> 0
	35a, REGISTRAR'S SIGNATURE	KistaL			35h DATE FILED /	JUN 2 3 20	16	7010
		at showing the citalogy. Enter of UPTURED CEREB	nly and pruse on a time of ROBASTLAR AI	ed the death. DO NOT ente	er kerminal eyente euch as	curdiau arrest, respiratoj	Approach interval Onset an minu	mate Between ad Denth Ites
EXT 1 (0)	socied distence in either Part 1 or Part 1 of the cions of observation as appropriate.  IMMEDIATE CAUSE (Final distance or condition	DUE TO OR AS A CONS			<u> </u>		,	
	resulting in death)  Sequentially list conditions. IF ANY, leading to the cause listed on line a. Enter the ENDERLYTING CALISE	DHE TO ER AS A CORS	EQUENCE OF					
	filivence of injury that initiated the events resulting in death? LAST				17. DID TOBAÇCO US CONTRIBUTE TO	DEATH?	and the second	<del></del>
	PART 11. OTHER SIGNIFICANT COM	DITIONS confibriling to death b	1 1		No. (X) Unite	Pregnati a	it within past year itse of death is, but pregnant within 42	days of dea
	39. MANNER OF DEATH - Accid Natural, Indeterminate or Pens Natural	ent, Suicide, Homicide.	40s. WAS AN AUTOP PERFORMEDY 11st or No.	40h. WERE AUTOF RIOR TO GO: DEATH? (m) W	SY FINDINGS AVAILAI MPLETION OF CAUSE MAI	DF Not pregn	it, but progress 43 dkyn bi	i yeat
	41s. DATE OF INTURY	416 TIME OF NIUR	41e. DESCRIBE NOW					



41d. INJURY AT WORK

DATED:

I, LAWRENCE KESTENBAUM CLERK/REGISTER OF SAID COUNTY OF WASHTENAW DO HEREB! CERTIFY that the foregoing is a true and exact copy of the briginal document of file in my office.

JUN 2 3 2006

LAWRENCE KESTENBAUM
ASHTENAW COUNTY CLERK/REGISTER

